FORM S3

SID | M | 8 | 5 | 0 | 4 | |

IN CONFIDENCE

AUSTRALIAN BUREAU OF STATISTICS

POPULATION SURVEY

APRIL 1985

1. SURVEY 5 7
   - PSU
   - BLOCK
   - DWELLING
   - HOUSEHOLD
   - PERSON

2. SEX
   - Male 1
   - Female 2

3. AGE
   - YEARS

4. MARITAL STATUS
   - Married 1
   - Separated 2
   - Divorced 3
   - Widowed 4
   - Never marrried 5

5. S.D. ONLY
   - S.D. Institutionalised person *(No more questions)* 1
   - S.D. Boarding school pupil *(No more questions)* 2
   - S.D. Other 3

6. COUNTRY OF BIRTH
   - Australia *(Go to Q.8)* 01
   - U.K. and Ireland 02
   - Italy 03
   - Greece 04
   - Yugoslavia 05
   - Holland 06
   - Germany 07
   - New Zealand 08
   - Other . . . . .

7. YEAR OF ARRIVAL

8. SCHOOL ATTENDANCE *(If age 15 to 20)*
   - Date of leaving school *(month and year)* — month / year
   - Still attending . . 1111

9. PERSON TYPE
   - Usual resident of P.D. *(Go to Q.11, complete Q.12 to Q.15 when editing)* 1
   - Visitor to P.D. 2
   - S.D. 3

10. WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE ..... USUALLY LIVES?

A. *If respondent knows postcode, enter in boxes below* 1

If respondent does not know postcode, ask for:— 2

Suburb .....

City/Town .....

State .....

When editing, enter postcode in boxes below.

Not known 3

B. Postcode

11. **I WOULD LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ..... AND ENDING LAST SUNDAY THE ..... THAT IS, LAST WEEK**

(Go to Q.17)

12. HOUSEHOLD TYPE
   - 1 *(Nothing further)* 1
   - 2 2
   - 3 3
   - 4 4
   - 5 5
   - 6 *(Complete Q.14)* 6
   - 7 *(Complete Q.14)* 7
   - 8 *(Complete Q.14)* 8
   - 9 *(Nothing further)* 9

13. Husband *(Complete Q.15)* . . 1
   - Wife *(Nothing further)* . . 2
   - Son/daughter *(Nothing further)* 3

14. Father/mother 1
   - Son/daughter *(Nothing further)* 2

15. *If Household Type 2, 3 or 6 in Q.12, nothing further.*

If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years

16. OFFICE USE ONLY
   - Relationship . . . . A
   - Family No. . . . . B
   - Children 0-14 years . . C
   - UR scope/coverage exclusion . . . . . D
   - Incomplete H/H, L/U . . E
   - Schedule, initial response . . F
   - Schedule, final response . . G
   - H

FORM S3

17. LAST WEEK, DID ..... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?
- Yes *(Go to Q.19)* 1
- No 2
- Permanently unable to work *(No more questions)* . . 3

18. LAST WEEK, DID ..... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?
- Yes 1
- No *(Go to Q.38)* 2

19. DID ..... HAVE MORE THAN ONE JOB LAST WEEK?
- Yes *(Go to Q.22)* 1
- No 2

20. WHAT KIND OF WORK DID ..... DO?

.....

.....

.....

21. *Go to Q.28*

22. WAS THAT BECAUSE ..... CHANGED JOBS DURING THE WEEK?
- Yes 1
- No *(Go to Q.25)* 2

23. WHAT KIND OF WORK DOES ..... DO NOW?

.....

.....

.....

24. *Go to Q.27*

25. WHAT KIND OF WORK DOES ..... DO IN EACH OF ..... JOBS?

Job 1: .....

.....

.....

Job 2: .....

.....

.....

26. IN WHICH JOB DOES ..... USUALLY WORK THE MOST HOURS?
- Job 1 in Q.25
- Job 2 in Q.25

27. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

28. DID ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.30)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES?. . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.30)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.30)* 5
  - Unpaid voluntary work *(Go to Q.62)* 6

29A. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes 1
- No 2

B. WHAT IS THE FULL NAME AND ADDRESS OF ..... BUSINESS?

.....

.....

.....

C. *Go to Q.31*

30. WHO DID ..... WORK FOR? (Name/Full address)

.....

.....

.....

31. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....

.....

32A. ON WHICH DAYS DID ..... WORK LAST WEEK (IN ALL JOBS)?

	Yes	No		Yes	No
MON	○	○	SAT	○	○
TUE	○	○	SUN	○	○
WED	○	○			
THU	○	○			
FRI	○	○			

B. DID ..... HAVE ANY TIME OFF FROM ..... JOB(S) ON THOSE DAYS? ○—○

C. DID ..... WORK ANY PAID OR UNPAID OVERTIME ON ANY DAY LAST WEEK?
- Yes 1
- No 2
- Other 3

D. HOW MANY HOURS DID ..... ACTUALLY WORK LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE OVERTIME)?
- 35 hours or more *(No more questions)* . .
- 15-34 hours *(Go to Q.34)*
- 1-14 hours. . . . . .
- Less than 1 hour *(Go to Q.51)* 98
- No hours *(Go to Q.51)* . . 99

33. *Sequence Guide*
- *If worked "without pay in a family business" (i.e. code '4' in Q.28), go to Q.62* 1
- *Otherwise, go to Q.34* . . 2

34. IN (THAT JOB/THOSE JOBS) DOES ..... USUALLY WORK LESS THAN 35 HOURS A WEEK?
- Yes 1
- No *(Go to Q.36)* 2

35. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes *(Go to Q.61)* 1
- No *(No more questions)* . . 2
- Don't know *(No more questions)* 3

36. WHY DID ..... WORK LESS THAN 35 HOURS LAST WEEK?
- Own illness or injury 1
- Leave, holiday or flextime/ personal reasons 2
- Began job during week . . 3
- Left/lost job during week . . 4
- On strike/locked out 5
- Bad weather/breakdown . . 6
- Stood down/on short time/ insufficient work 7
- Shift work/standard work arrangements 8
- Other.....

.....

..... 9

37. *No more questions*

FORM S3

38. DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?
- Yes 1
- No *(Go to Q.62)* 2

39. DID ..... HAVE MORE THAN ONE JOB?
- Yes *(Go to Q.42)* 1
- No 2

40. WHAT KIND OF WORK DOES ..... DO?

.....

.....

.....

41. *Go to Q.45*

42. WHAT KIND OF WORK DOES ..... DO IN EACH OF ..... JOBS?

Job 1: .....

.....

.....

Job 2: .....

.....

.....

43. IN WHICH JOB DOES ..... USUALLY WORK THE MOST HOURS?
- Job 1 in Q.42
- Job 2 in Q.42

44. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

45. WHO DOES ..... WORK FOR? (Name/Full address)

.....

.....

.....

46. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

47. DOES ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.51)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES? . . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.62)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.51)* 5
  - Unpaid voluntary work *(Go to Q.62)* 6

48. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes *(Go to Q.51)* 1
- No 2

49. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury 1
- Holiday/personal reasons . . 2
- No work available 3
- Bad weather/breakdown . . 4
- On strike/locked out 5
- Other .....

..... 6

50. *Go to Q.59*

51. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury 1
- Leave, holiday or flextime/ personal reasons *(Go to Q.57)* 2
- Bad weather/breakdown *(Go to Q.57)* 3
- Stood down *(Go to Q.54)* . . 4
- No work/insufficient work *(Go to Q.55)* 5
- On strike/locked out *(Go to Q.59)* 6
- Usually works less than 1 hour a week/began job/lost job *(Go to Q.62)* 7
- Other *(Go to Q.57)* .....

.....

..... 8

52. WAS ..... ON WORKERS' COMPENSATION LAST WEEK?
- Yes 1
- No *(Go to Q.57)* 2

53. WILL ..... BE RETURNING TO WORK FOR ..... EMPLOYER?
- Yes *(Go to Q.59)* 1
- No *(Go to Q.62)* 2
- Don't know *(Go to Q.62)* . . 3

54. WHY WAS ..... STOOD DOWN?
- Bad weather/breakdown *(Go to Q.57)* 1
- Other 2

55. WAS ..... PAID OR WILL ..... BE PAID FOR ANY OF LAST WEEK?
- Yes *(Go to Q.59)* 1
- No 2

56. HOW LONG HAS ..... BEEN AWAY FROM WORK WITHOUT PAY?
- One week *(Go to Q.59)* . . 1
- Two weeks *(Go to Q.59)* . . 2
- Three weeks *(Go to Q.59)* . . 3
- Four weeks or more *(Go to Q.62)* 4

57. UP UNTIL THE END OF LAST WEEK, HOW LONG HAD ..... BEEN AWAY FROM WORK?
- Less than 4 weeks *(Go to Q.59)* 1
- 4 weeks or more 2

58. WAS ..... PAID OR WILL ..... BE PAID FOR ANY PART OF THE LAST FOUR WEEKS?
- Yes 1
- No *(Go to Q.62)* 2

59. HOW MANY HOURS A WEEK DOES ..... USUALLY WORK IN (ALL) ..... JOB(S)?
- 35 hours or more *(No more questions)* 1
- 1-34 hours 2
- No hours *(Go to Q.62)* . . 3

60. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes 1
- No *(No more questions)* . . 2
- Don't know *(No more questions)* 3

61. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?
- Yes *(Go to Q.64)* 1
- No *(No more questions)* . . 2

FORM S3

62. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

Yes *(Go to Q.64)* . . . . ☐ 1

No . . . . . ☐ 2

63. HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?

Yes . . . . . ☐ 1

No *(No more questions)* . . ☐ 2

64. AT ANY TIME IN THE LAST 4 WEEKS HAS .....

WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? . . . . . ☐ 01

ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? . . . . . ☐ 02

LOOKED IN NEWSPAPERS?

Yes ○

No ○

CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? . . . . ☐ 03

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? ☐ 04

CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? ☐ 05

DONE ANYTHING ELSE TO FIND A JOB?

Advertised or tendered for work . . . . . ☐ 06

Contacted friends/relatives . . ☐ 07

Other *(No more questions)*

.....

.....

..... ☐ 08

Only looked in newspapers *(No more questions)* . . . . ☐ 09

None of these *(No more questions)* . . . . ☐ 10

65. *Sequence Guide*

. *If works and looking for full-time work (i.e. '1' in Q.61), no more questions* . . ☐ 1

. . *Otherwise, go to Q.66* . . ☐ 2

66. IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?

Yes *(Go to Q.71)* . . . . ☐ 1

No . . . . . ☐ 2

Don't know *(Go to Q.71)* . . ☐ 3

67. WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?

Own illness or injury . . . . ☐ 1

Going to school *(No more questions)*. . . . ☐ 2

Going to a tertiary institution *(No more questions)* . . . . ☐ 3

Personal reasons, family responsibilities *(No more questions)* . . . . ☐ 4

Waiting to start job *(Go to Q.69)* . . . . . ☐ 5

Other *(No more questions)*

..... ☐ 6

68. UP UNTIL THE END OF LAST WEEK HOW LONG HAD ..... BEEN ILL?

Less than 4 weeks *(Go to Q.71)* ☐ 1

4 weeks or more *(No more questions)*. . . . ☐ 2

69. WHEN WILL ..... BE STARTING WORK IN THAT JOB?

Less than 4 weeks . . . . ☐ 1

4 weeks or more *(No more questions)*. . . . ☐ 2

70. IF THE JOB HAD BEEN AVAILABLE LAST WEEK, WOULD ..... HAVE STARTED THEN?

Yes . . . . . ☐ 1

No *(No more questions)* . . ☐ 2

71. WHEN DID ..... BEGIN LOOKING FOR WORK?

.....

Less than 2 weeks . . . . ☐ 001

No. of weeks . . ☐☐☐

72. HOW LONG AGO IS IT SINCE ..... LAST WORKED FULL-TIME FOR TWO WEEKS OR MORE?

.....

Under 2 years (no. of weeks) ☐☐☐

2 years or more *(No more questions)* . . . . ☐ 104

Never worked *(No more questions)* . . . . ☐ 999

73. WHAT KIND OF WORK DID ..... DO?

.....

.....

.....

.....

☐☐☐

74. WHO DID ..... WORK FOR? (Name/Full address)

.....

.....

.....

75. WHAT KIND OF INDUSTRY, BUSINESS OR SERVICE WAS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

☐☐☐

76. DID ..... WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? *(No more questions)* . . . . ☐ 1

IN OWN BUSINESS — WITH EMPLOYEES? . . ☐ 2

WITH NO EMPLOYEES?. . ☐ 3

WITHOUT PAY IN A FAMILY BUSINESS? *(No more questions)* . . . . ☐ 4

WHAT WERE ..... WORKING ARRANGEMENTS?

Payment in kind *(No more questions)* . . . . ☐ 5

Unpaid voluntary work *(No more questions)* . . . . ☐ 6

77. WAS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes *(No more questions)* . . ☐ 1

No *(No more questions)* . . ☐ 2

Printed by Ambassador Press Pty. Ltd., Granville 2142.